



Department of Health and Human Services/Centers for Disease Control and Prevention

## Global AIDS Program (GAP)

Under the direction of the U.S. Global AIDS Coordinator's Office, the HHS/CDC Global AIDS Program (GAP) is a proud partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief. GAP helps resource-constrained countries prevent HIV infection; improve treatment, care, and support for people living with HIV; and build capacity and infrastructure to address the global HIV/AIDS pandemic.

### About Our Work: Tuberculosis Prevention and Care

#### How does CDC promote TB prevention and care?

The Centers for Disease Control and Prevention (CDC) is a partner in the Tuberculosis Coalition for Technical Assistance (TBCTA), a USAID-funded coalition.

Using best practices promoted by the World Health Organization and other international partners, CDC works to control TB primarily by:

- ◆ promoting linkages between HIV and TB prevention and treatment programs;
- ◆ encouraging community and home-based care for people with HIV and active TB;
- ◆ helping countries develop the human and fiscal resources needed to provide quality TB services.

More than 25% of the 37.8 million people living with HIV/AIDS are estimated to be co-infected with tuberculosis (TB). About 66% of those co-infected live in sub-Saharan African and 20% live in South-East Asia.

Most people who breathe in TB bacteria and become infected with TB have immune systems that are able to fight the bacteria to stop them from growing. The bacteria become inactive, but they remain in the body and can become active later. This is called latent TB infection. Many people who have latent TB infection never develop active TB. But in other people, especially people who have weak immune systems, the bacteria become active and cause TB disease.

Among people with TB infection, HIV infection is the most powerful known risk factor for the development of active disease. TB is also one of the most common causes of illness and death in HIV-infected individuals living in less-developed countries, causing an estimated 11% of all adult AIDS deaths.

Screening for active TB should be promoted at voluntary counseling and testing (VCT) sites, prenatal clinics, prisons, HIV treatment programs, and other settings where HIV testing is offered. HIV-infected persons who are found to have active TB should be referred for TB treatment. HIV-infected persons who have latent TB infection should receive preventive treatment.

Community and home-based care, including the use of peer and community treatment supporters, has been shown to greatly enhance direct observation of TB treatment and promote successful completion of treatment regimens, which take months. Lessons learned from TB community and home-based care also can help to develop models for delivery of HIV treatments.

HIV counseling and testing should be offered to all TB patients. Providing HIV testing for people with active TB helps identify people who can benefit from antiretroviral treatment (ART) and other needed HIV care and support. In high HIV prevalence areas, the percentage of TB patients who test positive for HIV may exceed 70%.

***In Botswana, the U.S. Government (USG) through the Centers for Disease Control and Prevention Global AIDS Program (GAP).*** . . . supports training; clinical and operations research in TB to improve the diagnosis, treatment, and clinical outcomes of TB patients; development of a national program for TB screening among VCT center clients; provision of TB preventive therapy; and the development of an electronic, patient-based TB surveillance system, which has been adopted by other countries in the region.

***In Uganda, the USG through GAP.*** . . . supports a collaborative project of the Uganda Ministry of Health, the AIDS Support Organization, Tororo and Busis District Health Departments, CDC, and the Uganda Virus Research Institute Collaboration. The project seeks to develop a resource-appropriate model for providing comprehensive HIV care and treatment that TB treatment for a rural population in Uganda.

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